

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 021 ****61.25

DOCUMENT # N02000003011	
1. Entity Name TEAM RESOURCE OF CENTRAL FLORIDA, INC.	

Principal Place of Business 600 S. ORLANDO AVE SUITE 301 MAITLAND FL 32751	Mailing Address 600 S. ORLANDO AVE SUITE 301 MAITLAND FL 32751
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/04)
4. FEI Number 37-1436224	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEST, PAUL S ESQUIRE 600 S ORLANDO AVE SUITE 301 MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BETTS, RICHARD 581 LITTLE RIVER LOOP #267 ALTAMONTE SPRINGS FL 32714 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRUTON, STEVEN S 1121 BAYSHORE CIR LONGWOOD FL 32750 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DARNALL, NANCY 560 SAXON BLVD DELTONA FL 32725 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEST, PAUL S 600 S ORLANDO AVE, STE 101 MAITLAND FL 32751 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISWANDER, MELVIN C 1305 HAMPSHIRE PL CIRCLE ALTAMONTE SPRINGS FL 32714 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSLIN, DAVE 800-B ORLANTA AVE ALTAMONTE SPRINGS FL 32701 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, TONY 1146 MT. BAKER COURT APOPKA, FL 32712 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUTON, STEVEN S. 1121 BAYSHORE CIRCLE LONGWOOD, FL 32750 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUTON, GEORGIA 1121 BAYSHORE CIRCLE LONGWOOD, FL 32750 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, PAUL S. 2982 HARBOUR LANDING WAY CASSELBERRY, FL 32707 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTCOTT, ROBERT T 3320 ST. JAMES AVE DELTONA, FL 32738 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSLIN, DAVID 105-A SPRINGWOOD CIRCLE LONGWOOD, FL 32750 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul S. West* **WEST, PAUL S.** **(SEE ATTACHMENT FOR ADDITIONAL DIRECTORS)** **3/17/2005** **(407)** **331-7511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



PAUL STANLEY WEST, P.A. ATTORNEYS AT LAW

600 S. Orlando Ave., Suite 301, Maitland, Florida 32751

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March 17, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

40037031

Re: 2005 Annual Report Form
Document # N02000003011
TEAM RESOURCE OF CENTRAL FLORIDA, INC.
FEI # 37-1436224

To Whom It May Concern:

Please add these additional three (3) Directors to our 2005 Not-For-Profit Corporation Annual Report, to wit:

Title	D
Name	McAndrews, Dwan
Street Address	259 Promenade Circle
City, ST, Zip	Lake Mary, FL 32746

Title	D
Name	Pyles, Pam
Street Address	P.O. Box 950554
City, ST, Zip	Lake Mary, FL 32795

Title	D
Name	Mullen, David
Street Address	541 Marigold Road
City, ST, Zip	Casselberry, FL 32707

If you have any questions or problems, please don't hesitate to call me.

PAUL STANLEY WEST, P.A.
ATTORNEYS AT LAW
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MAITLAND, FL 32751
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WWW.TRCFLA.COM

Team Resource of Central
Florida, Inc.

By: Paul S. West, Esq.
Treasurer

PSW/law